MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/511055 FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3						
4						
5		4				
6	4	4				
7	4	4				
8	0					
9	0	0				
10	0	0				
11	0	12				
12	0					
13	0	0				
14	0					
15		0				
16	0					
17						
18						
19	2					
20						
21	0	0				
22	0					
23	0	0				
24	0	0				
25	0	0				
26	0	0				
27	0					
28	0					
29	0					
30	0					
31	0					
32	0	0				
33	0	0				
34	0	0				
35	0	0				
36	0					
37	0					
38						
39						
40						
41	1					
42						
43						
44						
45	1					
46	1					
47						
48	1					
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53						
54		1				
55	1					
56						
57						
58						
59						
60						
61						
62	1					
63						
64						
65						
66						
67		1				
68		1				
69						
70						
71		1				
72						
73		1				
74		1				
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	36					
TOTAL CLAIMS	38					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS